

## EMPLOYER RESPONSE-QUIT:

NOTE: THIS INFORMATION WILL BE USED TO DETERMINE CLAIMANT'S  
ELIGIBILITY AND MAY ALSO AFFECT YOUR CHARGEABILITY RATE

Claimant Name:		SSN:	
<b>POCATELLO LOCAL OFFICE</b> <b>IDAHO DEPT OF COMMERCE AND LABOR</b> <b>PO BOX 4087</b> <b>POCATELLO ID 83205</b>  <b>208-232-0865 (FAX)</b>		Employer Name, Address, Phone & Fax	
<b>Paid or to be paid:</b>			
Gross earnings for the past 12 months \$		Severance: \$	
Vacation: \$		On (date):	
Date vacation payment will be received:		Bonus: \$	
		On (date):	
		Holiday: \$	
		On (date):	
Supervisor's name:		Employer's phone#:	
Start date of employment:	Last day worked:	Date notice was given:	

**Please provide any documentation to support your position (ie: letter of resignation)**

1. What reason (s) did the claimant give for quitting or giving notice to quit?
2. If the claimant cited work-related reasons, describe the working conditions:
3. What alternatives were available to the claimant? (Leave of absence, transfer, grievance, etc.)
4. Describe any efforts the claimant made to resolve the problem and the outcome of those efforts:
5. If you do not agree with the claimant's statements, please state why:
6. Additional information:
Employer/Employer's Representative Signature: _____ Print Name: _____ Title: _____ Phone Number: _____ Date: _____